



PATENT
0037-0212P

IN THE U.S. PATENT AND TRADEMARK OFFICE

Applicant: KOYANAGI, Yoshihiro Conf.: Unknown
Appl. No.: 10/677,381 Group: Unknown
Filed: October 3, 2003 Examiner: UNKNOWN
For: EVACUABLE VALVE, EVACUABLE BAG, AND
PRODUCTION PROCESS

L E T T E R

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

December 23, 2003

Sir:

Enclosed herewith is a Supplemental Declaration that should be made part of the record of the present application.

If necessary, the Commissioner is hereby authorized in this, concurrent, and future replies, to charge payment or credit any overpayment to Deposit Account No. 02-2448 for any additional fee required under 37 C.F.R. §§ 1.16 or 1.17; particularly, extension of time fees.

Respectfully submitted,

BIRCH, STEWART, KOLASCH & BIRCH, LLP

By James M. Slattery
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JMS:kss
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Attachment(s)

(Rev. 09/30/03)



I hereby appoint the practitioners at **CUSTOMER NO. 02292** as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

BIRCH, STEWART, KOLASCH & BIRCH, LLP or **CUSTOMER NO. 02292**
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

PLEASE NOTE:
 YOU MUST
 COMPLETE THE
 FOLLOWING:

Full Name of First or
 Sole Inventor:
 Insert Name of Inventor
 Insert Date This
 Document is Signed

Insert Residence
 Insert Citizenship

Insert Mailing
 Address

Full Name of Second
 Inventor, if any:

see above

Full Name of Third
 Inventor, if any

see above

Full Name of Fourth
 Inventor, if any

see above

Full Name of Fifth
 Inventor, if any

see above

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* DATE OF SIGNATURE